

Wednesday, March 22, 2017 7:55:45 AM

**\*158402\***

Page 1

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 3/22/2017      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** ~~3/28/2017~~ **Req'd Qty:** 1.00 **\*1\***

**Customer:**

Reference: SCHEDULED

Approvals: \_\_\_\_\_ Process Plan: \_\_\_\_\_ Date: MAR 22 2017

**Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                       |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |                                                                                                       |  |
| Date : _____                                                 | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval<br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Completed By                                                                                          |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Lead hand / Supervisor Approval Verification                                                          |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | QC / QA Coordinator Approval                                                                          |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |

**Work Order ID 158402**

Wednesday, March 22, 2017 7:55:45 AM

**\*158402\***

Page 2

Item ID: D139-1012-011 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: AW139 High Capacity Cargo Net  
Start Date: 3/22/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 3/28/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140                            |                                                         | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                         |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                    | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D139-1012-011 |                      |         |        |              |               |               |                  |                |
|                                | Location: _____                                         |                      |         |        |              |               |               |                  |                |
|                                | PPP Rev: _____                                          |                      |         |        |              |               |               |                  |                |
|                                |                                                         |                      |         |        |              |               |               |                  |                |
| 150                            | QC21- Final Inspection - Work Order Release             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                                         |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                         |                      |         |        |              |               |               |                  |                |

DAS 28 27 9-89 9-89

APR 06 2017

DAS 21 9-89

APR 06 2017

DAS 21 9-89

APR 06 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Wednesday, March 22, 2017 7:55:49 AM

Page 1

Work Order ID: 158402

**\*158402\***

Parent Item: D139-1012-011

**\*D139-1012-011\***

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 16.04.27 NEW ISSUE DD VERF:JLM IPP  
REV:B 16.10.03 as per chg003 DD VERF:JLM IPP REV:C  
16.12.05 as IIN rev.B DD VERF:JLM IPP REV:D 17.03.08  
as IIN rev.C DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status      |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|-------------|
| D139-1012-041                   |                        | Manufactured  | No          |                     |                  | 120             | Each               | 0.0000          | 1           | 1            |               |                |             |
| <b>*D139-1012-041*</b>          |                        |               |             |                     |                  |                 |                    |                 | **          | (3826)       | 6             | APR 06 2017    | DAS 27 9-89 |
| AW139 Cargo Net Assembly        |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |             |
| D5320-043                       |                        | Manufactured  | No          |                     |                  | 120             | Each               | 49.0000         | 7           | 7            |               |                |             |
| <b>*D5320-043*</b>              |                        |               |             |                     |                  |                 |                    |                 | **          |              |               | APR 03 2017    | DAS 27 9-89 |
| D-Ring Assembly                 |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |             |
|                                 |                        |               |             | ST164               |                  | 49              |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | 148493              |                  | 49              |                    |                 |             |              |               |                |             |
| D5339-1                         |                        | Manufactured  | No          |                     |                  | 120             | Each               | 54.0000         | 10          | 10           |               |                |             |
| <b>*D5339-1*</b>                |                        |               |             |                     |                  |                 |                    |                 | **          |              |               | APR 03 2017    | DAS 27 9-89 |
| Carabiner Clip                  |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |             |
|                                 |                        |               |             | ST164               |                  | 54              |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | 147097              |                  | 50              |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | 151715              |                  | 4               |                    |                 |             |              |               |                |             |
| D5397-1                         |                        | Manufactured  | No          |                     |                  | 120             | Each               | 30.0000         | 10          | 10           |               |                |             |
| <b>*D5397-1*</b>                |                        |               |             |                     |                  |                 |                    |                 | **          |              |               | APR 03 2017    | DAS 27 9-89 |
| D Ring                          |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |             |
|                                 |                        |               |             | ST167               |                  | 30              |                    |                 |             |              |               |                |             |
|                                 |                        |               |             | 148498              |                  | 30              |                    |                 |             |              |               |                |             |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                         |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                              |  |  |
|-------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____            |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                              |  |  |
| Date :                                                                  |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |  |
| Description Work Order Deviation                                        |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                              |  |  |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |                                                |                                                                                                                                                                                    |                                                            | <div style="border: 1px solid black; width: 100%; height: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |  | Completed By                                                                                                 |  |  |
|                                                                         |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | Lead hand / Supervisor Approval Verification                                                                 |  |  |
|                                                                         |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | QC / QA Coordinator Approval                                                                                 |  |  |
| <b>Root Cause</b>                                                       |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                              |  |  |
| Environment <input type="checkbox"/>                                    | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                              |  |  |
| Design <input type="checkbox"/>                                         | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                              |  |  |
| Doc/Data <input type="checkbox"/>                                       | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                              |  |  |
| Equip/Tooling <input type="checkbox"/>                                  | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                              |  |  |
| Handling/Pre <input type="checkbox"/>                                   | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                              |  |  |
| Material <input type="checkbox"/>                                       | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                              |  |  |
| Internal Transport <input type="checkbox"/>                             | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                              |  |  |
| Tribal Knowledge <input type="checkbox"/>                               | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                              |  |  |
| LOA <input type="checkbox"/>                                            | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                              |  |  |
| Substation <input type="checkbox"/>                                     | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                              |  |  |
| Past Expiry Date <input type="checkbox"/>                               | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                              |  |  |
| Misidentified <input type="checkbox"/>                                  | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                              |  |  |



# Picklist Print

Wednesday, March 22, 2017 7:55:49 AM

Page 2

Work Order ID: 158402

**\*158402\***

Parent Item: D139-1012-011

**\*D139-1012-011\***

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

D5405-3

Manufactured No

120 Each

4.0000

4 4

DAS 6

MAR 31 2017

DAS 27 9-89

**\*D5405-3\***

Bushing

\*\*

9-89

DAS 28 9-89

Location

Loc Qty

Loc Code

ST167

4

157877

4

D5408-1

Manufactured No

120 Each

9.0000

1 1

DAS 6

MAR 31 2017

DAS 27 9-89

**\*D5408-1\***

Suspension Rope

\*\*

9-89

DAS 28 9-89

Location

Loc Qty

Loc Code

ST518

9

148499

3

148659

6

D5409-1

Manufactured No

120 Each

16.0000

2 2

DAS 6

MAR 31 2017

DAS 27 9-89

**\*D5409-1\***

Placard

\*\*

9-89

DAS 28 9-89

Location

Loc Qty

Loc Code

ST168

16

145164

2

148500

6

148681

8

7/8/2017

7/22/2017

D5409-3

Manufactured No

120 Each

16.0000

2 2

DAS 6

MAR 31 2017

DAS 27 9-89

**\*D5409-3\***

Placard

\*\*

9-89

DAS 28 9-89

Location

Loc Qty

Loc Code

ST168

16

148501

8

148632

8

7/8/2017

7/22/2017

Wednesday, March 22, 2017 7:55:49 AM

Shop Packet Print

Page 2

# Picklist Print

Wednesday, March 22, 2017 7:55:49 AM

Page 3

Work Order ID: 158402

**\*158402\***

Parent Item: D139-1012-011

**\*D139-1012-011\***

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

D5460-1 Manufactured No

120 Each

5.0000

6 6

**\*D5460-1\***

Angle Bracket

\*\*

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST168

5

153716

4

157878

1

158406

DAS  
6  
9-89

MAR 31 2017 DAS  
27  
9-89

D5460-3 Manufactured No

120 Each

6.0000

4 4

**\*D5460-3\***

Channel

\*\*

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST168

6

153482

4

157879

2

158423

DAS  
6  
9-89

MAR 31 2017 DAS  
27  
9-89

AN3-7A Purchased No

120 Each

50.0000

4 4

**\*AN3-7A\***

Bolt

\*\*

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST349

50

m135058

50

4

MAR 31 2017 DAS  
27  
9-89

AN526-10R12 Purchased No

120 Each

0.0000

6 6

**\*AN526-10R12\***

Screw

\*\*

DAS  
28  
89

136775

MAR 31 2017 DAS  
27  
9-89

AN526-1032 R12 4/17/16

Wednesday, March 22, 2017 7:55:49 AM

Shop Packet Print

Page 3



# Picklist Print

Wednesday, March 22, 2017 7:55:49 AM

Page 4

Work Order ID: 158402

**\*158402\***

Parent Item: D139-1012-011

**\*D139-1012-011\***

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

AN970-3 Purchased No

120 Each 110.0000 6 6

**\*AN970-3\***

Washer

\*\*

DAS  
6  
9-89

MAR 31 2017

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST260a 100

m136953 100

ST321 10

m129630 1

m136741 9

AN970-6 Purchased No

120 Each 31.0000 4 4

**\*AN970-6\***

WASHER

\*\*

DAS  
6  
9-89

MAR 31 2017

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST321 31

M135274 31

MS20426AD3-4 Purchased No

120 Each 8,464.000 12 12

**\*MS20426AD3-4\***

RIVET

\*\*

DAS  
6  
9-89

MAR 31 2017

DAS  
27  
9-89

Location

Loc Qty

Loc Code

GA 6558

m134294 1933

m136444 4625

ST312 1906

m134294 1906

Wednesday, March 22, 2017 7:55:49 AM

Shop Packet Print

Page 4

# Picklist Print

Wednesday, March 22, 2017 7:55:49 AM

Work Order ID: 158402

**\*158402\***

Parent Item: D139-1012-011

**\*D139-1012-011\***

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

MS20426AD3-6

Purchased

No

120

Each

2,360.000

8

8

**\*MS20426AD3-6\***

Rivet

DAS  
28  
9-89

Location

Loc Qty

Loc Code

GA

1384

M133988

1384

ST312

976

M133988

976

\*\*

MAR 31 2017

DAS  
6  
9-89

DAS  
27  
9-89

MS20470AD4-7

Purchased

No

120

Each

1,830.000

32

32

**\*MS20470AD4-7\***

Rivet, Universal Head

DAS  
28  
9-89

Location

Loc Qty

Loc Code

CCK004

1821.604

m134376

1396

m134630

425.604

LG001

1.396

m134630

1.396

ST310

7

m132536

7

\*\*

MAR 31 2017

DAS  
6  
9-89

DAS  
27  
9-89

MS21059L3

Purchased

No

120

Each

116.0000

10

10

**\*MS21059L3\***

Nut Plate

DAS  
28  
9-89

Location

Loc Qty

Loc Code

ST301

116

M136835

51

M137075

65

\*\*

MAR 31 2017

DAS  
6  
9-89

DAS  
27  
9-89

# Picklist Print

Page 6

Wednesday, March 22, 2017 7:55:49 AM

Work Order ID: 158402

\*158402\*

Parent Item: D139-1012-011

\*D139-1012-011\*

Parent Item Name: AW139 High Capacity Cargo Net

Start Date: 3/22/2017

Required Date: 3/28/2017

Start Qty: 1.00

Required Qty: 1.00

MS24665-136

Purchased

No

120

Each

206.0000

7

7

**\*MS24665-136\***

Cotter Pins

\*\*

MAR 31 2017

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST289

206

2421

13

m135390

193

DAS  
28  
9-89

DAS  
6  
9-89

Wednesday, March 22, 2017 7:55:49 AM

Shop Packet Print

Page 6



## 5.0 WEIGHT AND BALANCE

The following weight and balance is for the Dart installation. The weight and balance of parts that are removed from the aircraft to perform this installation are the responsibility of the installer.

| Installation                            | Weight              | LATERAL           |                         | LONGITUDINAL     |                         |
|-----------------------------------------|---------------------|-------------------|-------------------------|------------------|-------------------------|
|                                         |                     | Arm               | Moment                  | Arm              | Moment                  |
| D139-1012-011<br>CARGO NET INSTALLATION | 22.4 lbs<br>10.2 kg | ±0.0 in<br>±0.0 m | ±0.0 lb in<br>±0.0 kg m | 280 in<br>7.11 m | 6272 lb in<br>72.4 kg m |

## 6.0 PARTS LIST

| Qty<br>-011 | Part Number   | Description            |
|-------------|---------------|------------------------|
| X           | D139-1012-011 | CARGO NET INSTALLATION |
| 1           | D139-1012-041 | CARGO NET ASSY         |
| 7           | D5320-043     | D-RING ASSEMBLY        |
| 10          | D5339-1       | CARABINER CLIP         |
| 10          | D5397-1       | D-RING                 |
| 4           | D5405-3       | BUSHING                |
| 1           | D5408-1       | SUSPENSION ROPE        |
| 2           | D5409-1       | PLACARD                |
| 2           | D5409-3       | PLACARD                |
| 6           | D5460-1       | ANGLE BRACKET          |
| 4           | D5460-3       | CHANNEL                |
| 4           | AN3-7A        | BOLT                   |
| 6           | AN526-10R12   | SCREW                  |
| 6           | AN970-3       | WASHER                 |
| 4           | AN970-6       | WASHER                 |
| 12          | MS20426AD3-4  | RIVET                  |
| 8           | MS20426AD3-6  | RIVET                  |
| 32          | MS20470AD4-7  | RIVET                  |
| 10          | MS21059L3     | NUT PLATE              |
| 7           | MS24665-136   | COTTER PIN             |